## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000039116 (5)

## FILED Jul 31 1997 8:00am Secretary of State

ADVANT	rage sea	FOOD, INC.			, ,								
Principal Place	of Business		Mailm	a Address						<i>a</i> an <b>eann</b> m			
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217 S.W. 3RD STREET 217 S.W. 3RD STREET HALLANDALE FL 33009 HALLANDALE FL 33009													
									DO NOT WRITE	E IN THIS	SPACE		_
									3. Date Incorporated or Qualified	3e. Da	ate of Last Re	eport	
									05/15/1995	06/20/1996			_
2. Principal Pla	ace of Busine	<del> </del>	2a. Mailing Address					4. FEI Number					
21		26						65-0581381			t Applicable	1	
Suite, Apt.	F, OTC.	<u> </u>	Suite, Apt. #, etc.					<ol><li>Certificate of Status Desired</li></ol>		\$8.75 A			
City & State	· · · · · · · · · · · · · · · · · · ·	27 Cit	City & State					C Election Communican Financian			<del></del>	┨	
23			28					<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		\$5.00 Added t			
Zip Country				Zip Cou			,		8. This corporation owes or has pa	aid the cur			1
24	2	5	29		30				Personal Property Tax due June		<b>-</b> -	No	l
	g, Name a	nd Address of Cu	ırrent Registere	<u> </u>			10. Name and Address of New Registered Agen						
ORTEGA, JORGE A							Name	Э					ļ
217 S.W. 3RD STREET						82	Stree	t Addres	ss (P.O. Box Number is Not Accepta	ble)			1
HAL	landale f												
						83							
						84	City				85 Zip (	Code	-
	/_									FL	. I I		
11, Pursuant to	o t <b>ne pr</b> ovisio egis <b>te</b> ed agei	ns of Soctions 607 nt, or both, in the S	1,0502 and 607.1 State of Florida. 9	508, Fjorida Statul Such change was	.es, the a authorize	above ad by	e∙name 7 the co	a corpoi rporatio	ration submits this statement for the n's board of directors. I hereby acce	purpose of pt the app	i changing its sointment as	s registered registered	
agent. I an				ction 607.0505, FI	orida Sta	atutes	3.	•	516	1	2		l
SIGNATURE	Your	se 17 Un	(XSA						143	0/9	<u>/</u>		
12.	Signapire, typed p	printed name of registure	AND DIRECTO		13.		on signan	re required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTOR	S IN 12	۶
TITLE	D			DELETE		TITLE		T	7.657.16.10.20.10.10.10.10.10.10.10.10.10.10.10.10.10	DE. 10 / 112	Change	Addition	3
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I. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CHATURE. AND HOLDER HELD VILLE

7/20/99

Cary 9816861